

# HARTSHORN SUMMER PROGRAM REGISTRATION – 2007

Child's Name \_\_\_\_\_ Grade ENTERING in Fall \_\_\_\_\_  
 Parent's Name(s) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Phone \_\_\_\_\_ \*Email Address (Please print clearly) \_\_\_\_\_  
 (\*E-mail is required for class confirmation and class info. If you do not have e-mail, please write in none.)

**For special instructions please CHECK HERE** \_\_\_\_\_ (Such as carpooling or a sibling trying to get into the same week.)  
**Include all pertinent info such as other child's name, grade, classes, date, etc. on the back of this form.**

		Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
		6/25-29	7/2,3,5,6	7/9-13	7/16-20	7/23-27	7/30-8/3	8/6-10
Class	1st Choice							
	2nd Choice							
Early Drop Off	7:30-9:00 Mon-Fri							
	Other (specify days/times)							
Afternoon Session	Noon-5:30PM Mon-Fri							
	Other (specify days/times)							
Toddler Session I Monday & Wednesday								
Toddler Session II Tuesday & Thursday								

Garden Green Thumb Team Wed 6/27-8/8 (no class 7/4)

Check Here \_\_\_\_\_

Classes:

**See brochure or reverse side for pricing information.**

Number of sessions (weeks 1,3,4,5,6,7) \_\_\_\_\_ X fee \$80 = \_\_\_\_\_

Week 2 (July 2-6) \_\_\_\_\_ fee \$65 = \_\_\_\_\_

Garden Green Thumb Team \_\_\_\_\_ fee \$50 = \_\_\_\_\_

Toddler Session I OR II \_\_\_\_\_ X fee \$ \_\_\_\_\_ = \_\_\_\_\_  
 (Please Circle One)

Early Drop Off \_\_\_\_\_ X fee \$ \_\_\_\_\_ = \_\_\_\_\_

Afternoon Session \_\_\_\_\_ X fee \$ \_\_\_\_\_ = \_\_\_\_\_

Group Photo \_\_\_\_\_ X fee \$5 = \_\_\_\_\_

T-Shirt YS YM YL \_\_\_\_\_ X fee \$12 = \_\_\_\_\_

Sorry Larger Sizes are not available for 2007

**Total Enclosed** Please make checks payable to **PMEC.** \_\_\_\_\_ = \_\_\_\_\_

Registration is void without payment enclosed. Unlike previous years, you may write one check per family – you do not need to write individual checks for each child and each class. Any refunds necessary due to class size limitations will be processed the second week in April. Please limit one child per registration form.

**CANCELLATION POLICY:** Half of class fees may be refunded before June 1<sup>st</sup>. No refunds after June 1<sup>st</sup>.

**\*\*\*IMPORTANT: You MUST fill out and sign the BACK of this form\*\*\***



**NEW 2007 Hartshorn T-Shirt**

**RELEASE/EMERGENCY INFORMATION & EXTRA TIME POLICY** \_\_\_\_\_ **Name** \_\_\_\_\_

**A.** In case of injury, medical authorities will not undertake any treatment without parental/guardian consent. This form allows for such medical care should you not be available to give permission. Your teacher will carry a copy of this permission form during class. The undersigned parent/guardian agrees to indemnify and hold harmless the Hartshorn Summer Program, Town of Amherst, teachers, and all other people helping with this program for damages resulting to \_\_\_\_\_ (my daughter / son) while participating in Hartshorn Summer Program activities or while in transit to and from these activities. Furthermore, I agree to have my son/ daughter treated for emergency medical or dental problems that should result from injuries received, providing a licensed physician or dentist advises such treatment. I accept full responsibility for all costs of such treatment.

**B.** Your signature below indicates your consent to P MEC to use photos and/or videos of you/ your child internally and in P MEC promotional materials.

**C.** The child above has had all current immunizations required by New Hampshire Public Schools.

**I understand that if I drop off my child early or pick my child up late from a program, I am responsible to pay \$2 for every 15 minutes or increment thereof, payable at time of drop-off or pickup.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**2nd Emergency Contact** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Dentist** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Any restrictions on Activities:** \_\_\_\_\_

**Medications currently taken:** \_\_\_\_\_

**List any medical, physical, emotional, or behavioral conditions that need to be considered:**

**Special Registration Requests:** Such as carpooling groups or a sibling trying to get into the same week. We will make every effort to accommodate your needs whenever possible. ***Include all pertinent info such as other child's name, grade, classes, date, etc.***

**Pick Up List:** Please list any one you approve to pick up your child from Hartshorn.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

**Week long classes:** (9AM-Noon) \$80 per week. Classes held July 2<sup>nd</sup>-6<sup>th</sup> (no class July 4th) - \$65 per week

**Garden Program:** \$50/6 weeks

**Toddler in the Woods:** \$70 for 7 weeks (\$14 per week, if space available). Session I- Mon & Wed, Session II- Tues & Thurs.

**Afternoon Session:** 12:00-5:30PM. \$80 week/ \$20 day/ \$5 hour. Early morning drop off included in fee if needed.

**Early morning drop off:** 7:30-9AM. \$20 week/ \$5 hour. Included in price of afternoon option.

Please leave in the drop box at Town Hall or mail with check to: Hartshorn Registration, PO Box 1045, Amherst, NH 03031.

***Do NOT drop envelopes off at P MEC on Brook Road.*** Registrations must be received by 5 PM April 7<sup>th</sup> to participate in the lottery. All confirmation information will be e-mailed to the address provided on this form. If you do not receive confirmation, please call us at 673-1141. Problem resolution night will take place at Wilkins Elementary on April 10<sup>th</sup> 6:30-8:00PM. Any class openings, after April 7th, will be filled on a first come-first served basis until classes are filled.